

# **Correctional Professionals Assistance Fund of Indiana**

## **Spring 2021 Scholarships**

Applicants of the Correctional Professionals Assistance Fund of Indiana Scholarship Program must:

Complete all sections of the application. This application and all materials must be received by **December 18, 2020.** 

If space provided in the application is inadequate, you may continue on additional sheets of paper using the same format. Your name and address must be included on all attachments.

The scholarship amounts shown below are annual amounts that are subject to change.

#### **Eligibility Guidelines**

Applicants of this Correctional Professionals Assistance Fund of Indiana Scholarship Program must meet the following:

- Be an employee of the Indiana Department of Correction or a dependant member of their household, or an employee of a vendor contracted to provide directed correctional services in the State of Indiana for the Indiana Department of Correction or a dependant member of their household;
- Be enrolled full-time\* at an accredited college or university in the United States in the Spring
  of 2021 (including undergraduate, graduate, technical, or vocational); except for the part-time
  student scholarships as noted below;
- Half-time or more, but less than full-time enrollment, will be considered part-time and be eligible for the part-time student scholarship;
- Have a cumulative GPA of 2.5 or higher (on a 4.0 scale);
- Special consideration may be given to students who are majoring in an area of study that directly pertains to corrections, public safety or community service; and
- Be a U.S. citizen or lawful permanent resident of the United States.
- The winners of any CPAFI scholarship are not eligible to receive another CPAFI scholarship within the same calendar year.
- \*\*\*Added guidelines for IDOC Scholar scholarship include, minimum of 3.0 GPA and proof of volunteer service each year you're awarded the scholarship\*\*\*
- <u>Failure to adhere to all eligibility guidelines or to comply with application</u> requirements will result in disqualification from consideration.

\*Full-time study is defined as full-time enrollment for the entire upcoming academic year.

		Last name	First name
	Ava	ilable Scholarships	
ease che	ck the box (es) next to the so	cholarship(s) you are app	olying for.
	<ul><li>Public Safety s</li><li>Rose Vaisvilas</li></ul>	r's scholarship, \$75 scholarship, \$4000 ( s scholarship, \$3000	00 (one available) one available)
	Supplies scholarshin	anly \$2000 (appro	ximately eight available)
	Supplies scholarship	onny, azooo (appro	kiilialely elylil avallable)
			proximately four available)
ection 1-			proximately four available)
Name:	Part-time student sch	nolarship, \$1000 (ap	proximately four available)
Name:	Part-time student sch  Applicant Information	nolarship, \$1000 (ap	proximately four available)
Name:	Part-time student sch	nolarship, \$1000 (ap	proximately four available)

Last name	First name

## Section 2 – Employee Relationship with the IDOC/Work Experience

A. If you are an employee of the Indiana Department of Correction, please indicate:
Your current job title:
Facility or office work location:
Date hired by the Indiana Department of Correction:
B. If you are a dependant of an IDOC employee, indicate:
The name of the employee:
Employee's job title:
Employee's facility or office work location:
Your relationship to the employee:
Employee's date of hire with the Indiana Department of Correction:
C. If you are an IDOC-placed employee of a vendor that holds a current contract for services with the IDOC, indicate:
The name of the vendor for which you work:
Your job title:
Your primary work site:
Date you began serving the Indiana Department of Correction:
D. If you are a dependant of an IDOC-placed employee of a vendor that holds a current contract for services with the IDOC, indicate:
The name of the employee:
The name of the vendor for which the employee works:
Employee's job title:
Employee's facility or office work location:

	Last name	First name
Section 2 cont'd		
our relationship to the	employee:	
ate the employee beg	an serving the Indiana Departmer	nt of Correction:
E. <u>List and brie</u>	efly describe any work experienc	<u>e:</u>
Position	Employer	Dates of Employment
rief description of yo	ur work responsibilities:	

	Last name	First name
ction 3 - Academic Inform	nation	
Name of High School:	Graduation	/Completion Date:
GPA:	High School	ol Rank: out of
College/University/Vocational So	chool: Did you gra	aduate? Y N
Most recent GPA:	Graduation	/Completion Date:
Major:		
ticipated graduation/completion	date:ls and Interest	ests
ticipated graduation/completion	date:ls and Interest	ests
ticipated graduation/completion  ction 4 - Activities, Award  A. List and briefly describe ex	date:ls and Interest	ests
ection 4 - Activities, Award  A. List and briefly describe exinvolved:	date:ls and Honors, and Interests	ests vities in which you have been
ection 4 - Activities, Award  A. List and briefly describe exinvolved:	date:ls and Honors, and Interests	ests vities in which you have been
involved:	date:ls and Honors, and Interests	ests vities in which you have been

	Last name	First name
Section 4 cont'd		
Brief description of how you p	articipated:	
B. <u>List honors or academent etc.):</u>	ic awards you have received (e.g. so	cholarly activities, research,
Award/Honor	Institution/Organization	Date of Award

Last name	First name

#### Section 5 - Personal Statement

A one-page, typed statement that describes your educational goals, and why you are in need of financial assistance

- A. Make a brief summary of your plans as they relate to your educational and career objectives.
- B. If there is any unusual family or personal circumstances that you want considered as part of your application, please explain.
- C. How will you be financing your college education and how will a scholarship impact your plans?
- D. Is there any other information that we should know about you? This is your opportunity to include information that is not contained in other areas of the application. Please be specific.

## Section 6 - Essay \*Not required for the Supplies Scholarship or Part-Time Student Scholarship

"What I hope to accomplish in my field of study to advance the quality of public service."

- A. Two typewritten pages ( $8\frac{1}{2}$  x 11, double-spaced)
- B. In writing your essay, please give specific examples to clarify your ideas.

### **Submitting your Application**

Please submit the following to be considered for the award(s):

- 1. Completed application form
- 2. Copy of the student's current official or unofficial transcript(s) of grades. (\*Applicants for the Spring 2021 Scholarships will need to submit their current transcripts with their application. Scholarship winners will be required to provide an official transcript before awards can be distributed. If the applicant is beginning their first semester during their first year of school, high school transcripts may be submitted.)
- 3. Two letters of recommendation

	Last name	First name	
4. Your personal statement and ess Part-Time Student applicants)  Failure to adhere to all eligibility requirements will result in disc.	ty guidelines or to c	comply with application	hip or
Mail your completed application to: Correctional Professionals Assistance Fu Attn: Emily Bennett, Secretary 302 W. Washington St. IGCS Room E334 Indianapolis, IN 46204	und of Indiana		
I authorize the release of all of my applic Scholarship Review Team. I certify that the best of my knowledge. Falsification of As an applicant, I agree to accept all dec If I am selected as a recipient, I hereby g Assistance Fund of Indiana board (CPAF awarded a scholarship for promotional po	the information providu of any information ma isions of the CPAFIS ive my permission to FI) to use my name, p	ded by me is complete and accu ay result in termination of any aw Scholarship Committee as final. the Correctional Professionals	ard.
I hereby certify that the information conta true, complete and correction to the best	ined in this application	on and accompanying document	's are
Applicant's Signature		Date	
Employee's Signature (if different from a	above)	Date	